

Request for Reasonable Accommodation
Department of Human Services

Date: _____		Please check one: I am an ___Employee ___Applicant ___Client	
My name is: _____		I can be reached at: Phone: _____	
My home address is _____		E-mail _____	
My work or service address is: Division : _____		Section: _____ Unit: _____	
My supervisor is: _____		My case worker is: _____	

APPLICATION (to be completed by employee, applicant or client)

1. I am requesting the following **specific** accommodation(s): _____
2. It is necessary for me to have this accommodation for the following reason/s: _____

It will help improve DHS services by _____

It will improve my job performance by _____

Requestor Signature

Date

DETERMINATION: Your request of _____ for a reasonable accommodation is:
date

___ **Approved** Specific approved accommodation: _____

Approx. Cost: _____ (from Division/Section funds)

___ **Disapproved*** Reason/s Denied: _____

Immediate Supervisor Signature

Date

Division Administrator Signature

Date

*If you disagree with this determination, you may present additional information within 10 (ten) business days of the date that this determination is made to further substantiate your request.
Please call me at _____ discuss the above decision.

___ Approved

___ Disapproved

Specifics: _____

Personnel Officer _____

Date: _____